
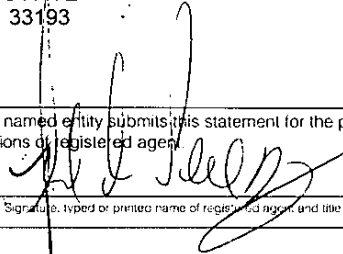
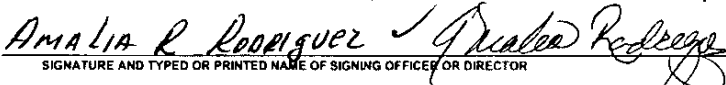


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90009 001 \*\*\*150.00

<b>DOCUMENT # P06000101814</b>			
1. Entity Name INTERNATIONAL HOME HEALTH CARE INC.			
Principal Place of Business 14351 S.W. 30 ST MIAMI, FL 33175		Mailing Address 14351 S.W. 30 ST MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 12966 SW 133 CT		3. Mailing Address 12966 SW 133 CT	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 83186	Country MIAMI-DADE	Zip 83186	Country MIAMI-DADE
6. Name and Address of Current Registered Agent  PEREZ, JOSE L 6620 SW 164 AVE MIAMI, FL 33193		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  DATE: 3-25-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, AMALIA R 14351 S.W. 30 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AMALIA R RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6620 SW 164 AVE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORALES, ELIA C 14351 S.W. 30 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: AMALIA R RODRIGUEZ 		3-25-07 305-3899703	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40045000



03252007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-5377230 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required